

Annual Project Progress Report 2020

Project title: Exit of NTP Turkmenistan from the Global Fund support by 2021

Award ID: 00105124

Project ID: 00103144

Implementing partners: Ministry of Health and Medical Industry of Turkmenistan, Ministry of Internal Affairs of Turkmenistan, National Red Crescent Society and World Health Organization

Period covered in this report: 01.01.2020 – 31.12.2020

Date of last Annual Report:

Date of the last Project Board meeting: 28.12.2020

Date of last Quality Assurance and rating: 21.10.2019, Satisfactory

1. Project Performance

a) Please state the expected Output of the Project, set indicators and corresponding CP Outcome (as per project document/AWP):

Project Output 1:

Output indicators:

- **TB I-3(M): TB mortality rate per 100,000 population**

Output targets: Target : 2.4 Actual: 2.6

b) Were the indicators and output achieved? Yes No Partially

c) If no or partially, please explain why?

Note: The actual TB mortality rate is higher than the target, however it remains at the level of the last year. (2,6 in 2019).

- **TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB**

Output targets: Target : 13% Actual: 23% (DRS 2018)

b) Were the indicators and output achieved? Yes No Partially

c) If no or partially, please explain why?

Note: For the actual result for RR/MDR-TB prevalence among new TB cases, the final data of second Drug Resistance Survey were used whereas the target is based on the results of first Drug Resistance Survey (2013). The actual 23% represents a more realistic picture as the drug resistance might be even higher (e.g. the prison cases were not included into survey), therefore the target is considered as achieved.

- **TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated**

Output targets: Target : 72% Actual: 47%

b) Were the indicators and output achieved? Yes No Partially

c) If no or partially, please explain why?

Note: In 2020 the treatment outcome for the patients enrolled on treatment in 2018 were available. The actual treatment success rate is lower than the target. The poor treatment outcomes are due 19% treatment failure, 16% deaths (7% due to TB and 9% non-TB causes) and 14% lost to follow up. The lower actual rate is likely because of the ambitious target. The actual rate is close to the WHO actual treatment success rate of 59% for the same cohort.

- **TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)**

Output targets: Target : 85% Actual: 81.42% (2019)

b) Were the indicators and output achieved? Yes No Partially

c) If no or partially, please explain why?

Note: The actual output of TB treatment coverage is reported for 2019. For 2020 the data will be available in October 2021 after the release of the WHO Global Tuberculosis Report 2021. The achievement ratio is 95.8%, however all notified TB cases were enrolled on the quality TB treatment provided either with the Global Fund or government support.

- **MDR TB-2(M): Number of TB cases with RR-TB and/or MDR-TB notified**

Output targets: Target : 750 Actual: 849

b) Were the indicators and output achieved? Yes No Partially

c) If no or partially, please explain why?

- **MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment**

Output targets: Target : 750 Actual: 849

b) Were the indicators and output achieved? Yes No Partially

c) If no or partially, please explain why?

- **MDR TB-8: Number of cases of XDR TB enrolled on treatment**

Target : 150 Actual: 264

b) Were the indicators and output achieved? Yes No Partially

c) If no or partially, please explain why?

2. Progress Reporting

a) Please summarize the main achievements during the project cycle:

To ensure achievement of the targets the Project performed the following:

- In 2020, total 849 MDR-TB cases were enrolled on quality second-line treatment. The 2nd line medicines were procured with UNDP support and Government funding.
- The treatment of XDR-TB cases has started in 2017 only in Ashgabat city and Ahal welayat (region). In 2019 the treatment of XDR-TB cases was scaled up. Overall, 264 patients in Ashgabat city and 5 welayats were enrolled on treatment in 2020. The new TB drugs for the XDR-TB treatment have been provided with the support of the Global Fund.
- The National TB Programme maintained rapid molecular testing and drug susceptibility testing in all welayats with UNDP support: 10,672 Genexpert tests were performed in the reporting period. In total 4,148 patients were tested for DST: 1st line DST 2,523 patients, 2nd line DST - 1,371 and 3d line - 254 patients.
- Country-wide TB labs performed 118,712 sputum microscopy tests, 40,972 solid culture tests, 20,455 liquid culture BACTEC tests.
- Following activities for maintaining the lab equipment were carried out in the reporting period: calibration of Xpert machines and quaterly maintenance of ventilation systems installed in regional TB labs and in MDR-TB department of Ahal regional TB hospital. Due to travel restrictive measures to prevent the import and spread of COVID-19, mission of international technicians to carry out of preventative maintenance of Bactec MGIT equipment was cancelled. Planned to conduct in 2021.
- Patient support: 402 new MDR-TB patients have been taken for support in January – December 2020 by the SR National Red Crescent Society, and cumulatively 1,018 MDR-TB patients were covered by support during that period. NRCS conducted 9,193 home visits to MDR-TB patients, conducted 153 educational sessions for patients and their families, 1,254 people attended these educational sessions. Also, total 805 family members of MDR-TB patients were supported in 2020. Due to the introduced restrictive measures to prevent the spread of an acute infectious disease, group sessions were temporarily replaced with individual home sessions during home visits for TB patients and their family members.
- On January 29 - 31, 2020, the workshop for NRCS staff was conducted aiming: to ensure the quality of implementation of grant activities and improving the quality of both the Programme and financial reports; to present the work plan of the NRCS in the grant for the period from January 1 to June 30, 2020; to improve the knowledge of NRCS staff on the new treatment regimens for M/XDR-TB, monitoring of treatment and side effects of drugs to ensure the quality of patient support. Total 13 specialists participated in the event.
- In 2020 due to travel restriction measures to prevent the import and spread of COVID-19, the Supra-National Reference Laboratory (Germany) provided technical assistance in the form of online trainings for the lab specialists from NRL. In total 18 lab specialists were trained during three online trainings. The goals of training activities included strengthening NRL performance, including quality of current tests for drug susceptibility and introduction of new tests. In addition, issues of the optimization of TB laboratories, updating of TB diagnostic algorithm were discussed during these online events.
- In total 43 healthcare specialists were trained through the WHO. 24 TB specialists and primary health care doctors including doctors from the penitentiary system were trained on „The Programme management of DR-TB“; 19 managers were trained on “The Implementation of the concept of outpatient TB care model”.
- UNDP and the National TB Programme staff conduct quarterly monitoring visits to monitor quality case detection and treatment in the TB and primary health care facilities. In 2020, due to restrictive measures to prevent the spread of an acute infectious disease, quarterly monitoring visits to TB facilities of Ashgabat city and welayats by the National TB Programme staff were carried out 2 times in June and November; by the UNDP staff only once in June. In March 2020, the UNDP staff conducted monitoring visit to the NRCS office in Mary welayat.

Pandemic - related activities:

- 8 sprayers with 1000 liters capacity tank for disinfectants were purchased and supplied to the State Sanitary and Epidemiological Service of the Ministry of Health and Medical Industry of Turkmenistan with the UNDP support.
- In the reporting period with the Global Fund support total 40,000 face masks were procured and distributed to the NRCS offices in 5 welayats and Ashgabat city for MDR-TB patients who were on the NRCS support.
- Within the framework of "Turkmenistan's Socio-Economic Immediate Response Plan to acute infectious disease pandemic (SERP)" to support TB patients, 656 food and sanitary parcels were purchased with the UNDP support. The NRCS staff distributed parcels to TB patients and their family members in Dashoguz welayat.
- TB services supported by this project were not interrupted throughout the pandemic. All medicines, reagents, respirators, masks were delivered to Turkmenistan. After the country borders were closed in March, the Government and UNDP negotiated on arranging a dedicated charter flight with all medical goods pending delivery. Thanks to the Government of Turkmenistan support and coordination, on 7 June 2020, all goods were delivered, and the country has been stockpiled with sufficient quantities of all health supplies. As a result, access of people to testing and treatment was not interrupted. Later, the truck deliveries were resumed, and UNDP worked out truck delivery ensuring temperature requirements, and arranged all deliveries without major delays.

3. Project Risks and Issues

The Project Risk Log was maintained throughout the Project implementation to capture potential risks to the Project and associated measures to mitigate risk. The key risks are shown below.

Description of risk	Type and category	Risk management actions	Current status
Lack of TB and lab staff at TB facilities for adequate coverage with diagnostics and treatment services.	Organizational	1. The technical assistance mission on development of the sustainable national HR plan was carried out in 2019. The recommendations provided by WHO expert were used for development of the next cycle of the TB National Strategic Plan for 2021 - 2025. 2. Given the need of staff motivation, the WHO provided technical support for the development and introduction of the incentive's mechanisms for TB health workforce. Based on the conclusions and recommendations of the expert, the NTP developed a rationale for incentives for TB service employees. The rationale has been submitted to the Ministry of Health and Medical Industry for consideration.	Ongoing
Unstable foreign currency exchange rates and inflation	Financial	The possible influence of inflation and unstable currency exchange rates was addressed through	Ongoing

		budgeting in USD and cost estimates to the highest possible extent. The Project has certain flexibility to reallocate the budget to cover the emerging gaps.	
Potential negative impacts of COVID19 on the grant implementation: 1) cancelled TA (visits) of international experts due to travel restrictions. 2) cancelled monitoring visits of PMU due to in-country travel restrictions; 3) delayed arrival of medical goods.	Environmental	1) To ensure the implementation of the TA activities, the SR WHO has been requested to transfer to distant mode. In 2020 the WHO experts' technical assistance was provided distantly. 2) In 2020, PMU staff was able to conduct monitoring visits only once, but the staff provided extensive distant support to NTP (welayat level) by way of consultations via phone and requesting data via fax (email was not available). 3) NTP had sufficient stock of TB commodities during 2020. To prevent potential stock out of TB commodities, NTP exercised control over rational use of the stock.	Ongoing

4. Lessons learned and follow-up steps (if applicable)

a) Please provide the lessons learned and further steps after the project's closure.

The Government fulfils its commitments on domestic funding. Since 2010 up to date, Turkmenistan has received from the Global Fund in total about \$28 million. In all grants, the key observation is that the Government is strongly committed to fight against TB. The implemented grant activities have been fully supported by the MoHMI and operated in favourable environment. The MoHMI efficiently coordinated in-country stakeholders in TB and cross-cutting areas, with no duplication of their efforts. The MoHMI is receptive to innovative technologies and service delivery with the proven evidence: new molecular diagnostics, such as Xpert MTB/RIF (Cepheid) and GenoType MTBDRplus assay (Hain Lifescience) have been introduced since 2013, ambulatory model has been in pilot since 2016, and most recently the treatment with "new" TB drugs has been launched.

The weaknesses and challenges:

Obtaining TB data by any international donor remained difficult. Annual TB statistics submitted to the WHO were delayed, incomplete, and of inadequate quality. The grant tried to address the issue of availability and quality of data through several activities, including advocacy at the highest levels with involvement of WHO and UN top officials and capacity-building activities. To ensure the data quality and accuracy, the National TB R&R forms have been updated in line with the most recent WHO guidelines. In the reporting period, the key TB staff was trained on updated R&R forms through teleconference by the WHO expert. It was planned to introduce the updated R&R forms in 2021. Moreover, the implementation of an electronic information system for TB surveillance in Turkmenistan (TB-RISS) continues under the WHO supervision.

Community involvement in TB care is still weak due to the lack of social contracting mechanisms. The only civil society organization (CSO) with meaningful engagement to TB care is the National Red Crescent Society through the Global Fund grant. To improve the social support system, in 2020-2022, UN agencies in Turkmenistan will implement a joint programme. The programme will focus on the development of a sustainable model of social

service provision based on community-based approach and human rights framework, including social contracting, adapted to the national context.

Pandemic-related challenges:

The project faced the challenges in the delivery of medical goods procured within the Global Fund grants and the joint procurement agreements between UNDP and MoHMI. With the efforts of the Government and UNDP TB service provision was not interrupted throughout the pandemic. TB medicines, reagents, respirators, masks were delivered to Turkmenistan by UNDP at the end of 2019 – early 2020 and were distributed to the TB facilities by February 2020. After the country borders were closed in March, the Government and UNDP negotiated on arranging a dedicated charter flight with all medical goods pending delivery. Thanks to the Government of Turkmenistan support and coordination, on 7 June 2020, all goods were delivered, and the country has been stockpiled with sufficient quantities of all TB supplies. Since August 2020, all medicines are arriving by truck, no risks of stockouts.

The restrictive measures to prevent the spread of an acute infectious disease introduced in the country to some extent affected the timely collection of data from the regions and the submission of a combined report by the National TB program as well as the session activities of patient support component of the project (group sessions). To collect quality data in a timely manner and identify the impact of restrictive measures on TB patient treatment enrolment, UNDP was constantly in touch with the staff in TB facilities and collected data from TB facilities monthly. The support on data collection by email, fax, and phone was also provided by project when it was necessary. As a result, the TB patient's enrolment and TB data collection was not interrupted. Group sessions for TB patients and their family members continued but were temporarily replaced with individual home sessions during home visits.

5. Transfer of Assets or other related matter

a) Please state on any past or future transfer of assets made within the project cycle (Attach list of equipment, cooperation frameworks with beneficiaries, etc.)

The excel database is kept by the project, due to large size it is not reasonable to print out.

7. Financial management


Description	2018-2020 Cumulative Budget	2018-2020 Cumulative Expenditures	Open Commitments	Cumulative Delivery	Budget Utilization Rate
Working Group coordination meetings to coordinate transitional arrangement, high-level advocacy and enhance a level of political commitment to ensure overcoming of the challenges of the transition period	60.00	60.00		60.00	100%
Finalization of Drug Resistance Survey	48,824.80	48,824.80		48,824.80	100%
Technical assistance in development and introduction of the incentives mechanisms for TB health workforce (TB doctors, nurses, laboratory staff)	15,000.00			-	0%
Development of the regulations and mechanisms on civil society and communities' involvement in TB control activities	6,984.36	6,984.36		6,984.36	100%
Technical assistance in evaluation of the pilot outpatient TB care model and Post-evaluation adjustment (scale-up) and endorsement of the concept of outpatient TB care model and phased hospital infrastructure optimization plan	2,144.00	2,144.00		2,144.00	100%
Travel related costs for budget lines 2, 5 and 22	5,333.00	2,470.00		2,470.00	46%

Training of the managers in the implementation of the concept of outpatient TB care model	9,037.57	7,843.00		7,843.00	87%
Technical assistance in strengthening of TB control in penitentiary system, including sustainability and transition planning for the Ministry of Interior	14,936.00	13,436.00		13,436.00	90%
Revision of the country TB recording and reporting guidelines	10,000.00	10,000.00		10,000.00	100%
Trainings of TB facilities staff in recording and reporting	6,646.00	6,646.00		6,646.00	100%
Support to implementation of the national TB electronic database	52,960.54	2,335.00		2,335.00	4%
Support to M&E visits of the Central Unit of the NTP	15,378.72	19,130.93		19,130.93	124%
Supplies of cartridges for Xpert MTB/RIF equipment	257,315.51	171,316.56	135,450.00	306,766.56	119%
Maintenance and servicing of Xpert MTB/RIF instruments	64,599.89	49,324.71	15,804.00	65,128.71	101%
Isolation of strains in liquid culture and DST (automated MGIT)	479,757.15	356,467.42	53,835.69	410,303.11	86%
M.Tb identification and DST to FLD and SLD (LPA Hain)	167,064.41	72,314.46	336,761.98	409,076.44	245%
Procurement of lab equipment: for Central Prison Hospital needs to perform culture investigations on liquid media (Bactec MGIT) for culture growth and DST to 1st and 2nd line TB drugs.	315,611.55	141,753.84	80,178.21	221,932.05	70%
External technical assistance from the SRL Gaunting aimed on country TB laboratory network functions, update of lab algorithm in Q4 of 2018 as per the TRP recommendation, and other TA	15,500.00	12,000.00		12,000.00	77%
Maintenance and servicing of laboratory equipment	239,644.78	175,666.31	10,919.17	186,585.48	78%
Anti-TB drugs: pre-XDR and XDR-TB cases	1,762,788.56	637,879.58	597,296.41	1,235,175.99	70%
External QC of the SLD	4,334.09	2,034.09		2,034.09	47%
Annual Green Light Committee operations fee	50,000.00	50,000.00		50,000.00	100%
Strengthening capacities of TB and PHC staff in program management of DR-TB, including the staff of penitentiary system.	17,081.14	15,983.00		15,983.00	94%
Adherence support to M/XDR-TB patients on treatment	319,721.27	287,052.84		287,052.84	90%
Adherence support to M/XDR-TB patients on treatment	34,283.75	31,394.97		31,394.97	92%
PR Costs - Staff	384,341.47	381,709.08		381,709.08	99%
Project monitoring costs	18,663.14	12,473.29		12,473.29	67%
Audit Costs	95,000.00			-	0%
SR WHO Costs - Staff	60,639.41	59,459.71		59,459.71	98%
UNDP HQ Overheads	407,390.17	247,196.72		247,196.72	61%
WHO HQ Overheads	16,803.02	10,571.09		10,571.09	63%
Travel related costs for budget lines 8, 9 and 11.	5,726.00	420.00		420.00	7%
Travel related costs for budget line 23	2,452.00	2,452.00		2,452.00	100%
Travel related costs for budget line 32	14,487.04	10,806.00		10,806.00	75%
Operational Costs	215,027.93	180,416.79		180,416.79	84%
SR NRCS Costs - Staff	256,939.09	257,165.02		257,165.02	100%
Local expert fees for BL 2 & BL 5	2,100.00	2,100.00		2,100.00	100%
Local expert fees for BL 8, BL 9 and BL 11	3,576.00	1,476.00		1,476.00	41%

Local expert fees for BL 22 and BL 23	3,010.00	1,960.00		1,960.00	65%
SR capacity building workshop for the National Red Crescent Society staff on new medicines/regimens for M/XDR-TB, including side effects monitoring, infection control and other subjects.	16,061.57	11,045.59		11,045.59	69%
Procurement of biochemistry analyzers for regional TB hospitals, to monitor side effects of M/XDR-TB treatment.	111,444.41	111,444.40		111,444.40	100%
Procurement of reagents for biochemistry analyzers for regional TB hospitals, to monitor side effects of M/XDR-TB treatment.	175,518.18	84,480.20	75,298.47	159,778.67	91%
Procurement of ECG machines with interpretation, for regional TB hospitals	28,783.68	27,531.05	249.41	27,780.46	97%
Procurement of PC's for NTP	67,308.70	59,514.90	5,136.00	64,650.90	96%
Printing of M/XDR-TB treatment cards and new lab journals for NTP and prison sectors	5,314.29	5,314.29		5,314.29	100%
Procurement of Xpert and bactec MGIT equipment for NTP (civil sector) and three additional Xpert machines for the prison sector	311,161.19	239,206.14	30,886.97	270,093.11	87%
Procurement of microscopes (dual light-fluorescent functions) for prison sector	10,495.08	10,103.36		10,103.36	96%
To establish legal and financial mechanism for direct contracting of CSOs	100,000.00			-	0%
TOTAL	6,227,249.46	3,839,907.50	1,341,816.31	5,181,723.81	83%

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